

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=63-019534

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. **51** Primary Registration District No. **4565** Registrar's No. **51**

FILED JUN 5 1963

VS 300
Rev. 4/59

1 0281

2 02812

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4 0

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9 4200

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12 90-0

13 4-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Crawford		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Crawford	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sullivan		c. CITY OR TOWN Sullivan	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 550 B S. Mansion		d. STREET ADDRESS (If outside, give location) 550 B. S. Mansion	
3. NAME OF DECEASED (Type or print) First David Middle Garfield Last Campbell		4. DATE OF DEATH Month May Day 30 Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married: <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5/6/1883
9. AGE (last birthday) 80		10. IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	
11. BIRTHPLACE (City and state or country) Sullivan, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Isaac Campbell		13b. MOTHER'S MAIDEN NAME Marinda Pratt	
14. NAME OF HUSBAND OR WIFE Orpha Cain		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates) No	
16. SOCIAL SECURITY NO.		17. INFORMANT Address Orpha Campbell, Sullivan, Mo.	
18. CAUSE OF DEATH (Enter only one cause, but time for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: Coronary Arteriosclerotic Failure due to Arteriosclerotic Heart Disease Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour 5:00 a.m. 7 p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION Sullivan, Mo.		20f. COUNTY Crawford STATE Missouri	
21. I attended the deceased from 5-9-63 to 5-31-63 and last saw her alive on May 25, 1963 Death occurred at 5:00 P on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE John J. Latta, M.D.		22b. ADDRESS Sullivan, Mo.	
22c. DATE SIGNED 5/31/63		23. NAME OF CEMETERY OR CREMATORY I.O.O.F. Cemetery	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 6/1/1963	
23c. LOCATION (City, town, or county) Sullivan, Mo.		23d. DATE RECD. BY LOCAL REG. 5-31-1963	
24. FUNERAL DIRECTOR H.M. Eaton, Sullivan, Mo.		25. REGISTRAR'S SIGNATURE William Cowan	

USE BLACK INK
OR
TYPEWRITER RIBBON

JUN 1 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Harrison W. Eaton

Licensed Embalmer No. 5066

P. O. Address Bellevue, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.